




MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
STATE PUBLIC HEALTH LABORATORY  
**REQUEST FOR NEWBORN SCREENING KITS**

REQUESTING FACILITY			
NAME		SHIP TO ATTN	TELEPHONE
SHIPPING ADDRESS (NO PO BOXES ALLOWED)			
CITY		STATE	ZIP CODE
PLEASE SEND THE FOLLOWING KITS:			
Description	Unit Price	Qty	Amount Due
Initial Screening Kits (MO 580-1377)	\$65.00		
Repeat Screening Kits (MO 580-0879)	\$65.00		
Listing Pads (MO 580-0962)	N/C		\$0.00
Return Envelopes	N/C		\$0.00
Courier Envelopes	N/C		\$0.00
Submitter Labels – sheets of 30 (indicate # of sheets requested)	N/C		\$0.00
TOTAL AMOUNT DUE (PREPAYMENT REQUIRED)			
Remit with check or money order to :		 Missouri Department of Health and Senior Services Fee Receipt Unit P.O. Box 570 Jefferson City, MO 65102	
FOR LABORATORY USE ONLY			
DATE SHIPPED	INITIALS:	FOR FEE RECEIPTS: 0298-580-3110-Q059-1220-05-M166 (\$52/kit) 0298-580-4404-1220-05-M083 (\$13/kit)	

MO 580-2220 (09-11)

DISTRIBUTION: COPY 1 – STATE LABORATORY COPY 2 – SUBMITTING FACILITY

LAB-147

This form can be found online at  
<http://health.mo.gov/lab/newborn/>